

Aerial Control Flight Log

Permittee: _____ Permit No. _____

Address: _____ City _____ State _____

Zip _____

Check Quarter

<input type="checkbox"/>	1st Quarter: Jan 1st to March 31st
<input type="checkbox"/>	2nd Quarter: April 1st to June 30th
<input type="checkbox"/>	3rd Quarter: July 1st to Sept 30th
<input type="checkbox"/>	4th Quarter: Oct 1st to Dec 31st

Date	Pilot	Property	#Hogs	#Coyotes	#Coy/Dog	Resource Protected	Start time	End Time
TOTALS								

I certify this report is correct to the best of my knowledge.

Signed _____ Date _____